	ANDIDATE / OFFICEHOL FINANCE REPORT	<b>.DER</b> 6993	FORM JC/OH COVER SHEET PG 1		
The JC/OH INSTRUCTION G	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00026442	2 PAGE # 1 of 5		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Hon. Scott	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST Jenkins	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	3119 Eanes Circle Austin, TX 78746	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked		
			Receipt # Amount		
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST Hon. Scott	MI	Date Processed N		
NAME	nickname Last Jenkins	SUFFIX	Date Imaged		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	1		ŽIP ČODÉ		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 970-0529	extension			
8 REPORT TYPE	X January 15 30th day before elec	ection Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 Sth day before elect	tion Exceeded \$500 limit	Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THRC	Month Day	Year		
	07/01/2008	12/31/20	08		
10 ELECTION	ELECTION DATE ELECTION TO Month Day Year	YPE			
····	Primal	Runoff	General Special		
11 OFFICE	OFFICE HELD (If any) District Judge District 53	12 OFFICE SOUGHT (If known) District Judge District	ct 53		
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.  Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.				
EXPENDITURE BY OTHER INDIVIDUALS	Name				
	Address/PO Box; Apt. / Suite #; City; State; Zlp Code				
additional pages					
GO TO PAGE 2					

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

SUPPORT &	TOTALS		COVER	SHEET PG 2	
14 C/OH NAME Jenk	ins, Scott (Hon.)		15 ACCOUNT # 00026442	(Ethics Commission filers)	
16 NOTICE FROM	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures				
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
_		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$	0.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$	0.00	
	4. TOTAL I	POLITICAL EXPENDITURES	\$	5,520.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			43,853.40	
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	\$	0.00		
18 AFFIDAVIT		I swear, or affirm, under penalty is true and correct and includes a	all information requir		
	LAWRENCE A. ANDR MY COMMISSION EXP July 21, 2010	IRES MITTH	An Aunardiguate or Officehol	, der	
	TAMP / SEAL ABOV	•	,	) <del>-</del> 41	
Sworn to and subscrib	ed before me, by th 0 <u>09</u> , to cer	ne said <u>Scott H. JENKINS</u> tify which, witness my hand and seal of office.	, this the	day	
Signature of officer admir			NOTARY P		

(If travel outside of Texas, complete Schedule T)

## POLITICAL EXPENDITURES SCHEDULE F PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 1/3 Report: 3/5 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Jenkins, Scott (Hon.) 00026442 Date Payee name Amount Austin AFL-CIO Council (\$) 07/26/2008 \$145.00 6 Payee address; City; State; Zip Code P.O. Box 87 Austin, TX 78767 9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\* Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Labor Day Program ad Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) Capital Area Democratic Women-PAC 07/26/2008 \$100.00 City; State; Zip Code Payee address; P.O. Box 12962 Austin, TX 78711 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\* Candidate / Officeholder name: Purpose of payment (See instructions regarding type of information required.) Sept. 10 Fundraiser sponsorship Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount HBAA (Hispanic Bar Assoc. of Austin) Charitable Foundation (\$) 10/21/2008 \$125.00 City; State; Zip Code Payee address; P.O. Box 12692 Austin, TX 78711-2692 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: Sponsorship of Hispanic Heritage Luncheon (for scholarship funds) Office sought: Office held: (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Texas Center for Legal Ethics & Professionalism 07/26/2008 \$100.00 Payee address; City; State; Zip Code P.O. Box 12487 Austin, TX 78711-2487 \* \* Complete if direct expenditure to benefit Candidate/Officeholder \* \* Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) annual membership dues Office sought:

Office held:

**Texas Ethics Commission** 

## POLITICAL EXPENDITURES SCHEDULE F PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 2/3 Report: 4/5 (Ethics Commission filers) 2 FILER NAME Jenkins, Scott (Hon.) ACCOUNT# 00026442 Date Payee name Amount (\$) Texas Center for the Judiciary 07/26/2008 \$100.00 6 Payee address; City; State; Zip Code 1210 San Antonio St. Suite 800 Austin, TX 78701 9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\* Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) contribution Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Amount Pavee name (\$) Texas Center for the Judiciary 12/21/2008 \$100.00 City; State; Zip Code Payee address: 1210 San Antonio St. Suite 800 Austin, TX 78701 Complete if direct expenditure to benefit Candidate/Officeholder \*\* Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) contribution Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) The Judiciary Leadership Development Council 07/25/2008 \$200.00 City; State; Zip Code Pavee address: 1600 North Oak Street #1214 Arlington, VA 22209 " Complete if direct expenditure to benefit Candidate/Officeholder " Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: contribution Office sought: (If travel outside of Texas, complete Schedule T) Office held: Payee name Amount Date Travis County Democratic Party (\$) 10/04/2008 \$4,100.00 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263 Purpose of payment (See instructions regarding type of information \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\* Candidate / Officeholder name: required.) pro rata share of overhead and admin expenses Office sought: (If travel outside of Texas, complete Schedule T) Office held:

Austin, Texas 78711-2070

POLITI	CAL EXPENDITURES			SCHEDULE F	
The INSTRUCTI	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/3 Report: 5/5		
2 FILER NAME	Jenkins, Scott (Hon.)		3 ACCOUNT # 00026442	(Ethics Commission filers)	
4 Date	5 Payee name Travis County Women Lawyers Foundation			7 Amount (\$)	
12/06/2008	6 Payee address; City; State; Zip Code P.O. Box 1386 Austin, TX 78767			\$100.00	
8 Purpose of par required.)	efit Candidate/Officeholder				
Annual Fellows Contribution  Office sought: Office held:					
Date	Payee name Travis County Women Lawyers Scholarship Fund			Amount (\$)	
12/11/2008	12/11/2008 Payee address; City; State; Zip Code 507 West 7th Street Austin, TX 78701			\$100.00	
required.)	ment (See instructions regarding type of information  Scholarship contribution	* Complete if direct expenditure to benefit Candidate/Officeholder * Candidate / Officeholder name:			
	travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name Volunteer Legal Services			Amount (\$)	
09/24/2008	Payee address; City; State; Zip Code 816 Congress Avenue Suite 701 Austin, TX 78701-2665			\$350.00	
required.)	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehold		fit Candidate/Officeholder	
2008 Phone-a-Thon Donation  Office soug  (If travel outside of Texas, complete Schedule T)  Office held:					